

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT** ▼Example: If typing, type  
over the lines

LIBERTARIAN NATIONAL COMMITTEE

ADDRESS (number and street)

2600 Virginia Ave NW



Suite 200

Check if different  
than previously  
reported. (ACC)

Washington

DC

20037

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00255695

3. IS THIS  
REPORTNEW  
(N)**OR**AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2008

through

01

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Aaron Starr

Signature of Treasurer

Electronically Filed by Aaron Starr

Date

10

03

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
LIBERTARIAN NATIONAL COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		113159.23
(b) Cash on Hand at Beginning of Reporting Period .....	113159.23	
(c) Total Receipts (from Line 19) .....	102578.55	102578.55
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	215737.78	215737.78
7. Total Disbursements (from Line 31) .....	86719.17	86719.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	129018.61	129018.61
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	6571.63	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 0 8

To:

M M  
0 1D D  
3 1Y Y Y Y  
2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	19300.00	19300.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	79478.55	79478.55
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	98778.55	98778.55
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	3800.00	3800.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	102578.55	102578.55
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	102578.55	102578.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	102578.55	102578.55

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	86654.17	86654.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	86654.17	86654.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	65.00	65.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	65.00	65.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	86719.17	86719.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86719.17	86719.17

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	102578.55	102578.55
34. Total Contribution Refunds (from Line 28(d)) .....	65.00	65.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	102513.55	102513.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	86654.17	86654.17
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	86654.17	86654.17

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 46

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Harold Anagnos

Mailing Address 50 N Brockway St Ste 3-1

City

Palatine

State

IL

Zip Code

60067-5068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lumex Inc

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.7245

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Douglas J. Anderson

Mailing Address 380 S Quail St

City

Lakewood

State

CO

Zip Code

80226-2534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of Lakewood

Occupation

Councilman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.5246

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Mett B. Ausley

Mailing Address 3412 Waccamaw Shores Rd

City

Lake Waccamaw

State

NC

Zip Code

28450-9442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cypress Pathology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.4729

Amount of Each Receipt this Period

300.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

William Blount

Mailing Address 165 N Lotus Beach Dr

City

Portland

State

OR

Zip Code

97217-8021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UBS Financial Services In-  
c.

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.8915

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Leanne Bowman

Mailing Address 2261 Cardiff Way

City

Richmond

State

VA

Zip Code

23236-1580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Home Maker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.8324

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Randall Bredell

Mailing Address 9909 Potters Rd

City

Matthews

State

NC

Zip Code

28104-8928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Terrapin Consulting

Occupation  
Network Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.8745

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Edward H. Bruske

Mailing Address 7325 Heritage Ct

City

Frankfort

State

IL

Zip Code

60423-9538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bruske Enterprises Inc

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.4437

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

James C. Casterline

Mailing Address PO Box 2484

City

Gearhart

State

OR

Zip Code

97138-2484

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Title Company

Occupation  
Manager/Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.7611

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Jonathan Cline

Mailing Address PO Box 91824

City

Santa Barbara

State

CA

Zip Code

93190-1824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DZ Technologies, Inc

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.4840

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Kelvin Contreary

Mailing Address 1 Wren St

City

New Orleans

State

LA

Zip Code

70124-4121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.8366

Amount of Each Receipt this Period

750.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Phillip Sheridan Corbett

Mailing Address 2003 NE 19th Ave

City

Portland

State

OR

Zip Code

97212-4528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cascadia Behavioral Health-care

Occupation

Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.4489

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Webb M. Garlinghouse

Mailing Address 2320 S Kansas Ave

City

Topeka

State

KS

Zip Code

66611-1142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LPStuff.com

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.9638

Amount of Each Receipt this Period

200.00

Treasurer's Best Efforts  
(See Memo)

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ken George

Mailing Address 502 N Canyonwood Dr

City

Dripping Spgs

State

TX

Zip Code

78620-3921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VSR Financial Services,  
Inc.

Occupation

Investment management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.9182

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Frederick J. Graboske

Mailing Address 101 N Van Buren St

City

Rockville

State

MD

Zip Code

20850-1860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Millican & Assoc

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.7373

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

John Grayson

Mailing Address 158 Plymouth Dr

City

Inverness

State

IL

Zip Code

60067-4475

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.5367

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mary A. Haynes

Mailing Address 4610 S County Line Rd W

City

Yoder

State

IN

Zip Code

46798-9503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Critical Care Systmes

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.4705

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Kevin T. Ireland

Mailing Address 5035 Hardins Run Rd

City

New Cumberland

State

WV

Zip Code

26047-3312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.5385

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Robert G. Jackson

Mailing Address 3121 Boyer Rd

City

Coloma

State

MI

Zip Code

49038-9745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jackson International, Inc

Occupation

Mfg Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.7089

Amount of Each Receipt this Period

5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Daniel W. Kappes

Mailing Address 13045 Welcome Way

City

Reno

State

NV

Zip Code

89511-8614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kappes Cassiday & Associa-  
tesOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	8

Transaction ID: SA11AI.7115

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Erik Christopher Kelley

Mailing Address 6617 S Palm Dr

City

Tempe

State

AZ

Zip Code

85283-3705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Laboratory Corporation of  
AmericaOccupation  
Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	0	8

Transaction ID: SA11AI.7153

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Edward J. Kramer

Mailing Address 10995 Earnshaw Ln

City

La Plata

State

MD

Zip Code

20646-9741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	0	8

Transaction ID: SA11AI.5405

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Munn

Mailing Address PO Box 342

City

Seaford

State

DE

Zip Code

19973-0342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Food Lion

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.4995

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Pamela P. Potter

Mailing Address 538 Spring Place Rd NE

City

White

State

GA

Zip Code

30184-2232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.8013

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Gil Robinson

Mailing Address 5150 Broadway St # 610

City

San Antonio

State

TX

Zip Code

78209-5710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRINCETON MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.7689

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Lee Roznak

Mailing Address 3646 Glenwood Dr

City

Beloit

State

WI

Zip Code

53511-1552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeastern Wisconsin Ti-  
tle Company.

Occupation

Title Insurance Underwriter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.8571

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

James William Schaeffer

Mailing Address 18 Sunset Dr

City

Severna Park

State

MD

Zip Code

21146-3230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Converse Builders

Occupation

construction manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.4674

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Kenneth M. M. Sims

Mailing Address PO Box 93893

City

Las Vegas

State

NV

Zip Code

89193-3893

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southern Wine and Spirits  
of Nevada

Occupation

Computer Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.8581

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Kenneth Stemme

Mailing Address 52 Tersana Dr

City

Easton

State

CT

Zip Code

06612-2206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harris Associates

Occupation  
Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.5130

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

D. A. Tuma

Mailing Address 4805 Winter Oak Way

City

Antelope

State

CA

Zip Code

95843-5820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.7768

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Nicholas Vakula

Mailing Address 5235 E Cholla St

City

Scottsdale

State

AZ

Zip Code

85254-4718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Vakula Law Firm, P.C.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.8798

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

John Volk

Mailing Address 1005 Sir Barton Ct

City

Naperville

State

IL

Zip Code

60540-6825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.5561

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Dan B. Waylonis

Mailing Address 404 Stierlin Rd

City

Mountain View

State

CA

Zip Code

94043-4622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apple Computer

Occupation

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.4249

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Edward Wright

Mailing Address 1796 Highway 25

City

Guthrie Center

State

IA

Zip Code

50115-8741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Broker Dealer Financial  
ser

Occupation

Investment Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.4427

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

David Yardley

Mailing Address 7766 Norcross St

City

Kalamazoo

State

MI

Zip Code

49009-9731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
YARDLEY'S CAMPAIGN SOLUTI-  
ONS

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.9283

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Walter J. Zajac

Mailing Address PO Box 227

City

Dexter

State

OR

Zip Code

97431-0227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.8102

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

19300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 46

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
BOB BARR LEADERSHIP FUND, THE

Mailing Address 900 Circle 75 Parkway Suite 1280  
PMB 246

City State Zip Code  
Atlanta GA 30339

FEC ID number of contributing  
federal political committee.

**C** C00340190

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 8 / 2 0 0 8

Transaction ID: SA11C.9617

Amount of Each Receipt this Period

2500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
MIKE JINGOZIAN FOR PRESIDENT

Mailing Address 20431 SW CRESTMONT PLACE

City State Zip Code  
SHERWOOD OR 97140

FEC ID number of contributing  
federal political committee.

**C** C00432062

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 0 8

Transaction ID: SA11C.9619

Amount of Each Receipt this Period

1300.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

3800.00

**TOTAL** This Period (last page this line number only) .....

3800.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Advanced Mailing Services, LLC

Mailing Address 14970 Farm Creek Drive

City  
Woodbridge

State  
VA

Zip Code  
22191-3550

Purpose of Disbursement  
Non Candidate Party Mailing Serv

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9518

Date of Disbursement

01 / 31 / 2008

Amount of Each Disbursement this Period

768.99

B.

Full Name (Last, First, Middle Initial)

American National Insurance Co.

Mailing Address Attn: Lea Pollack  
P. O. Box 1830 - Pension Dept.

City  
Galvison

State  
TX

Zip Code  
77550-1830

Purpose of Disbursement  
LNC 401k Contributions

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9520

Date of Disbursement

01 / 31 / 2008

Amount of Each Disbursement this Period

1207.04

C.

Full Name (Last, First, Middle Initial)

Anthem Blue Cross Blue Shield

Mailing Address PO Box 791273

City  
Baltimore

State  
MD

Zip Code  
21279-1273

Purpose of Disbursement  
Employee Health Insurance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9521

Date of Disbursement

01 / 22 / 2008

Amount of Each Disbursement this Period

695.75

SUBTOTAL of Disbursements This Page (optional) .....

2671.78

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ask Your Tech, LLC</p> <p>Mailing Address c/of Nick Zarzycki 6001 Arlington Blvd Apt. T17</p> <p>City Falls Church State VA Zip Code 22044-0000</p> <p>Purpose of Disbursement Server and Computer Maint</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9522 <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 8</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>490.00</div> </p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) B &amp; B Duplicators</p> <p>Mailing Address 818 18th Street NW LL15</p> <p>City Washington State DC Zip Code 20006-0000</p> <p>Purpose of Disbursement Non Candidate Party Printing Serv</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9524 <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 8</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>343.69</div> </p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) BentleyForbes Watergate LLC</p> <p>Mailing Address PO Box 73378</p> <p>City Cleveland State OH Zip Code 44193-3378</p> <p>Purpose of Disbursement Office Rent, Tax, Maint &amp; Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9525 <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 1 / 2 0 0 8</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>9484.85</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**10318.54**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Darryl Bonner	<b>Transaction ID:</b> SB21B.9527 <b>Date of Disbursement</b>																				
Mailing Address 6151 Reach Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	0		2	0	0	8												
City Philadelphia State PA Zip Code 19111-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Ballot Access Petitioner Candidate Name	<table border="1"> <tr> <td colspan="10">1155.73</td> </tr> </table>	1155.73																			
1155.73																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Darryl Bonner	<b>Transaction ID:</b> SB21B.9528 <b>Date of Disbursement</b>																				
Mailing Address 6151 Reach Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	8												
City Philadelphia State PA Zip Code 19111-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Ballot Access Petitioner Candidate Name	<table border="1"> <tr> <td colspan="10">1357.73</td> </tr> </table>	1357.73																			
1357.73																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Megan E. Brooks	<b>Transaction ID:</b> SB21B.9530 <b>Date of Disbursement</b>																				
Mailing Address 4765 W. Braddock Rd. Apt 30	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	8												
City Alexandria State VA Zip Code 22311-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">897.76</td> </tr> </table>	897.76																			
897.76																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3411.22**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Megan E. Brooks	<b>Transaction ID:</b> SB21B.9531 <b>Date of Disbursement</b>																				
Mailing Address 4765 W. Braddock Rd. Apt 30	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	3		2	0	0	8												
City Alexandria State VA Zip Code 22311-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">881.77</td> </tr> </table>	881.77																			
881.77																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Louise Calise	<b>Transaction ID:</b> SB21B.9533 <b>Date of Disbursement</b>																				
Mailing Address 6802 Dante Ct	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	8												
City Springfield State VA Zip Code 22152-3328	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">1286.81</td> </tr> </table>	1286.81																			
1286.81																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Louise Calise	<b>Transaction ID:</b> SB21B.9534 <b>Date of Disbursement</b>																				
Mailing Address 6802 Dante Ct	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	3		2	0	0	8												
City Springfield State VA Zip Code 22152-3328	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">1272.83</td> </tr> </table>	1272.83																			
1272.83																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3441.41**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CANANWILL, INC Mailing Address PO Box # 19639	<b>Transaction ID:</b> SB21B.9536 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 8</div> </div>
City Newark State NJ Zip Code 07195-0639 Purpose of Disbursement D and O Insurance Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>834.69</div> <div>001 Category/ Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Commonwealth Digital Office Solutions Mailing Address 21205 Ridgetop Circle	<b>Transaction ID:</b> SB21B.9540 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 8</div> </div>
City Sterling State VA Zip Code 20166-6501 Purpose of Disbursement Copier Maintenance Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>221.88</div> <div>001 Category/ Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Shane Cory Mailing Address 325 Garrisonville Road Suite 106, PMB 101	<b>Transaction ID:</b> SB21B.9543 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 8</div> </div>
City Stafford State VA Zip Code 22554-0000 Purpose of Disbursement Employee Net Pay Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>2884.18</div> <div>001 Category/ Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3940.75**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Shane Cory

Mailing Address 325 Garrisonville Road  
Suite 106, PMB 101

City Stafford State VA Zip Code 22554-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.9544

Date of Disbursement

01 / 23 / 2008

Amount of Each Disbursement this Period

2884.17

**B.**

Full Name (Last, First, Middle Initial)

CSC - Corp. Services Co.

Mailing Address PO Box 13397

City Philadelphia State PA Zip Code 19101-3397

Purpose of Disbursement  
Corp Filing and Registration

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.9545

Date of Disbursement

01 / 22 / 2008

Amount of Each Disbursement this Period

331.00

**C.**

Full Name (Last, First, Middle Initial)

Andrew R Davis

Mailing Address 1639 Longleaf Dr.

City Myrtle Beach State SC Zip Code 29575-5400

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.9547

Date of Disbursement

01 / 09 / 2008

Amount of Each Disbursement this Period

1101.88

**SUBTOTAL** of Disbursements This Page (optional) .....

4317.05

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Andrew R Davis

Mailing Address 1639 Longleaf Dr.

City State Zip Code  
Myrtle Beach SC 29575-5400

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9548

Date of Disbursement

01 / 23 / 2008

Amount of Each Disbursement this Period

1070.70

B.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City State Zip Code  
Washington DC 20002-0000

Purpose of Disbursement  
State Payroll Taxes and Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9551

Date of Disbursement

01 / 22 / 2008

Amount of Each Disbursement this Period

25.70

C.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City State Zip Code  
Washington DC 20002-0000

Purpose of Disbursement  
State Payroll Taxes and Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9552

Date of Disbursement

01 / 22 / 2008

Amount of Each Disbursement this Period

167.04

SUBTOTAL of Disbursements This Page (optional) ▶

1263.44

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Susan M Dickson	<b>Transaction ID:</b> SB21B.9554 <b>Date of Disbursement</b>																				
Mailing Address 3410 Vineland Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	8												
<table border="1"> <tr> <td>City Dumfries</td> <td>State VA</td> <td>Zip Code 22026-0000</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Employee Net Pay</td> <td rowspan="2"> <div>001</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Dumfries	State VA	Zip Code 22026-0000	Purpose of Disbursement Employee Net Pay		<div>001</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>925.06</div>												
City Dumfries	State VA	Zip Code 22026-0000																			
Purpose of Disbursement Employee Net Pay		<div>001</div> Category/ Type																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Susan M Dickson	<b>Transaction ID:</b> SB21B.9555 <b>Date of Disbursement</b>																				
Mailing Address 3410 Vineland Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	3		2	0	0	8												
<table border="1"> <tr> <td>City Dumfries</td> <td>State VA</td> <td>Zip Code 22026-0000</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Employee Net Pay</td> <td rowspan="2"> <div>001</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Dumfries	State VA	Zip Code 22026-0000	Purpose of Disbursement Employee Net Pay		<div>001</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>893.05</div>												
City Dumfries	State VA	Zip Code 22026-0000																			
Purpose of Disbursement Employee Net Pay		<div>001</div> Category/ Type																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) DirectMail.com	<b>Transaction ID:</b> SB21B.9557 <b>Date of Disbursement</b>																				
Mailing Address 5511 Ketch Road Attn: Beverly Kalbaugh	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	4		2	0	0	8												
<table border="1"> <tr> <td>City Prince Frederick</td> <td>State MD</td> <td>Zip Code 20678-0000</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Non Candidate Party Printing Serv</td> <td rowspan="2"> <div>003</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Prince Frederick	State MD	Zip Code 20678-0000	Purpose of Disbursement Non Candidate Party Printing Serv		<div>003</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>5636.31</div>												
City Prince Frederick	State MD	Zip Code 20678-0000																			
Purpose of Disbursement Non Candidate Party Printing Serv		<div>003</div> Category/ Type																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**7454.42**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) DirectMail.com</p> <p>Mailing Address 5511 Ketch Road Attn: Beverly Kalbaugh</p> <p>City Prince Frederick State MD Zip Code 20678-0000</p> <p>Purpose of Disbursement Non Candidate Party Mailing Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.22413</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 8</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>10969.55</div> </p> <p><b>Category/Type</b>  <div>003</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Duhamel Broadcasting Ent.</p> <p>Mailing Address PO Box 1760</p> <p>City Rapid City State SD Zip Code 57709-1760</p> <p>Purpose of Disbursement Employee Search Ads</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9559</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 3 / 2 0 0 8</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>600.00</div> </p> <p><b>Category/Type</b>  <div>001</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Paula Edwards</p> <p>Mailing Address 1200 G Street, N.W. Suite 800</p> <p>City Washington State DC Zip Code 20005-0000</p> <p>Purpose of Disbursement Fec Filing and Amendments</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9561</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 4 / 2 0 0 8</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>1350.00</div> </p> <p><b>Category/Type</b>  <div>001</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**12919.55**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Paula Edwards

Mailing Address 1200 G Street, N.W. Suite 800

City  
Washington

State  
DC

Zip Code  
20005-0000

Purpose of Disbursement  
Fec Filing and Amendments

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.22416

Date of Disbursement

01 / 22 / 2008

Amount of Each Disbursement this Period

650.50

B.

Full Name (Last, First, Middle Initial)

Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City  
St. Louis

State  
MO

Zip Code  
63197-0030

Purpose of Disbursement  
Fed Payroll Taxes and Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9564

Date of Disbursement

01 / 08 / 2008

Amount of Each Disbursement this Period

186.32

C.

Full Name (Last, First, Middle Initial)

Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City  
St. Louis

State  
MO

Zip Code  
63197-0030

Purpose of Disbursement  
Fed Payroll Taxes and Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9565

Date of Disbursement

01 / 08 / 2008

Amount of Each Disbursement this Period

186.32

SUBTOTAL of Disbursements This Page (optional) .....

1023.14

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Fed Payroll Taxes and Withholding  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9566

Date of Disbursement

01 / 08 / 2008

Amount of Each Disbursement this Period

796.68

**B.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Fed Payroll Taxes and Withholding  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9567

Date of Disbursement

01 / 08 / 2008

Amount of Each Disbursement this Period

796.68

**C.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Fed Payroll Taxes and Withholding  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9568

Date of Disbursement

01 / 08 / 2008

Amount of Each Disbursement this Period

1181.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2774.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Fed Payroll Taxes and Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9569

Date of Disbursement

01 / 22 / 2008

Amount of Each Disbursement this Period

100.25

**B.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Fed Payroll Taxes and Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9570

Date of Disbursement

01 / 22 / 2008

Amount of Each Disbursement this Period

186.32

**C.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Fed Payroll Taxes and Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9571

Date of Disbursement

01 / 22 / 2008

Amount of Each Disbursement this Period

186.32

**SUBTOTAL** of Disbursements This Page (optional) .....

472.89

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	<b>Transaction ID:</b> SB21B.9572 <b>Date of Disbursement</b>																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	8												
City St. Louis State MO Zip Code 63197-0030	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Fed Payroll Taxes and Withholding Candidate Name	<table border="1"> <tr> <td colspan="10">796.67</td> </tr> </table>	796.67																			
796.67																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	<b>Transaction ID:</b> SB21B.9573 <b>Date of Disbursement</b>																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	8												
City St. Louis State MO Zip Code 63197-0030	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Fed Payroll Taxes and Withholding Candidate Name	<table border="1"> <tr> <td colspan="10">796.67</td> </tr> </table>	796.67																			
796.67																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	<b>Transaction ID:</b> SB21B.9574 <b>Date of Disbursement</b>																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	8												
City St. Louis State MO Zip Code 63197-0030	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Fed Payroll Taxes and Withholding Candidate Name	<table border="1"> <tr> <td colspan="10">1161.00</td> </tr> </table>	1161.00																			
1161.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**2754.34**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Cheryl Forde

Mailing Address PO Box 56507

City  
Philadelphia

State  
PA

Zip Code  
19111-6507

Purpose of Disbursement  
Ballot Access Petitioner

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9576

Date of Disbursement

01 / 04 / 2008

Amount of Each Disbursement this Period

613.43

B.

Full Name (Last, First, Middle Initial)

Cheryl Forde

Mailing Address PO Box 56507

City  
Philadelphia

State  
PA

Zip Code  
19111-6507

Purpose of Disbursement  
Ballot Access Petitioner

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9577

Date of Disbursement

01 / 23 / 2008

Amount of Each Disbursement this Period

563.43

C.

Full Name (Last, First, Middle Initial)

Cheryl Forde

Mailing Address PO Box 56507

City  
Philadelphia

State  
PA

Zip Code  
19111-6507

Purpose of Disbursement  
Ballot Access Petitioner

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9578

Date of Disbursement

01 / 28 / 2008

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

3176.86

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FP Mailing Solutions

Mailing Address Dept 4272

City  
Carol Stream

State  
IL

Zip Code  
60122-4272

Purpose of Disbursement  
Meter Postage Resets and Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9580

Date of Disbursement

01 / 31 / 2008

Amount of Each Disbursement this Period

700.00

B.

Full Name (Last, First, Middle Initial)

Diann Gentry

Mailing Address PO Box 126  
405 East 4th

City  
Fairfield

State  
NE

Zip Code  
68938-0126

Purpose of Disbursement  
Ballot Access Petitioner

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9582

Date of Disbursement

01 / 14 / 2008

Amount of Each Disbursement this Period

292.00

C.

Full Name (Last, First, Middle Initial)

Diann Gentry

Mailing Address PO Box 126  
405 East 4th

City  
Fairfield

State  
NE

Zip Code  
68938-0126

Purpose of Disbursement  
Ballot Access Petitioner

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9583

Date of Disbursement

01 / 22 / 2008

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional) .....

1092.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Diann Gentry

Mailing Address PO Box 126  
405 East 4th

City Fairfield State NE Zip Code 68938-0126

Purpose of Disbursement  
Ballot Access Petitioner

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9584

Date of Disbursement

01 / 29 / 2008

Amount of Each Disbursement this Period

107.00

B.

Full Name (Last, First, Middle Initial)

Sean N Haugh

Mailing Address 1821 Hillandale Road  
#1B-322

City Durham State NC Zip Code 27705-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9586

Date of Disbursement

01 / 09 / 2008

Amount of Each Disbursement this Period

1195.22

C.

Full Name (Last, First, Middle Initial)

Sean N Haugh

Mailing Address 1821 Hillandale Road  
#1B-322

City Durham State NC Zip Code 27705-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9587

Date of Disbursement

01 / 23 / 2008

Amount of Each Disbursement this Period

1195.21

SUBTOTAL of Disbursements This Page (optional) .....

2497.43

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Hickey, Michael P. & Associates

Mailing Address 9522 Nassington Ct.

City Richmond State VA Zip Code 23229-6057

Purpose of Disbursement  
Writing for Non Candidate Mailing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.9588

Date of Disbursement

01 / 31 / 2008

Amount of Each Disbursement this Period

5700.00

**B.** Full Name (Last, First, Middle Initial)  
IVO Net LLC

Mailing Address 1643B Savannah Hwy Ste 333

City Charleston State SC Zip Code 29407-6256

Purpose of Disbursement  
Voter Database Software and Maint

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.9589

Date of Disbursement

01 / 04 / 2008

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Robert S Kraus

Mailing Address 5375 Duke Street  
Apt 905

City Alexandria State VA Zip Code 22304-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.9592

Date of Disbursement

01 / 09 / 2008

Amount of Each Disbursement this Period

1405.56

**SUBTOTAL** of Disbursements This Page (optional) .....

7605.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Robert S Kraus</p> <p>Mailing Address 5375 Duke Street Apt 905</p> <p>City Alexandria State VA Zip Code 22304-0000</p> <p>Purpose of Disbursement Employee Net Pay</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9593</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 3 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>1405.55</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) MAMSI - UnitedHealth (WFG)</p> <p>Mailing Address PO Box 42924</p> <p>City Philadelphia State PA Zip Code 19101-2924</p> <p>Purpose of Disbursement Employee Health Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9594</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>671.00</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address 890 Mountain Ave</p> <p>City New Providence State NJ Zip Code 07974-0000</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9595</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>1767.13</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3843.68**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Postmaster</p> <p>Mailing Address US Post Office Watergate 2500 virginia Ave NW</p> <p>City Washington State DC Zip Code 20037-0000</p> <p>Purpose of Disbursement Postage for Non Candidate Mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9601</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Postmaster</p> <p>Mailing Address US Post Office Watergate 2500 virginia Ave NW</p> <p>City Washington State DC Zip Code 20037-0000</p> <p>Purpose of Disbursement Postage for Non Candidate Mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9602</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Postmaster - Walton Press</p> <p>Mailing Address Walton Press 402 Mavfield Dr</p> <p>City Monroe State GA Zip Code 30655-0000</p> <p>Purpose of Disbursement Postage for Non Candidate Mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9603</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4133.04"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**5133.04**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

QuickBooks Payroll Service

Mailing Address PO Box 30015

City  
Reno

State  
NV

Zip Code  
89520-3015

Purpose of Disbursement  
Payroll Processing Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.9606

Date of Disbursement

01 / 22 / 2008

Amount of Each Disbursement this Period

20.36

**B.**

Full Name (Last, First, Middle Initial)

Corey Stern

Mailing Address 10420 Buckingham Drive

City  
Eden Prairie

State  
MN

Zip Code  
55347-0000

Purpose of Disbursement  
LP.org Webmaster Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.9541

Date of Disbursement

01 / 04 / 2008

Amount of Each Disbursement this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Ticketmaster

Mailing Address 1601 Elm St., Ste. 700

City  
Dallas

State  
TX

Zip Code  
75201-0000

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.9610

Date of Disbursement

01 / 31 / 2008

Amount of Each Disbursement this Period

288.17

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

908.53

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Virginia Dept. of Taxation Mailing Address PO Box 26644	<b>Transaction ID:</b> SB21B.9612 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 8 / 2 0 0 8</div> </div>
City Richmond State VA Zip Code 23261-6644 Purpose of Disbursement State Payroll Taxes and Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>446.00</div> <div>001</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Virginia Dept. of Taxation Mailing Address PO Box 26644	<b>Transaction ID:</b> SB21B.9613 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 8</div> </div>
City Richmond State VA Zip Code 23261-6644 Purpose of Disbursement State Payroll Taxes and Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>442.00</div> <div>001</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Warner, Norcross & Judd Mailing Address 1900 Fifth Third Center 111 Lyon Street NW	<b>Transaction ID:</b> SB21B.9614 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 4 / 2 0 0 8</div> </div>
City Grand Rapids State MI Zip Code 49503-2487 Purpose of Disbursement Legal Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>2500.00</div> <div>001</div> Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) .....

**3388.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Warner, Norcross & Judd

Mailing Address 1900 Fifth Third Center  
111 Lyon Street NW

City Grand Rapids State MI Zip Code 49503-2487

Purpose of Disbursement  
Legal Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9615

Date of Disbursement

01 / 22 / 2008

Amount of Each Disbursement this Period

130.00

**B.**

Full Name (Last, First, Middle Initial)

Worldwide Express - DHL

Mailing Address 1911 North Ft. Myer Dr. Ste 108

City Arlington State VA Zip Code 22209-0000

Purpose of Disbursement  
Shipping Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9616

Date of Disbursement

01 / 22 / 2008

Amount of Each Disbursement this Period

210.80

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

340.80

**TOTAL** This Period (last page this line number only) ..... ►

84748.79



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 41 / 46

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Arcade PressNature of Debt (Purpose):  
Non Candidate Party Print-  
ing

Mailing Address 5436 Harford Rd.

City State ZIP Code  
Baltimore MD 21214-2292

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.9626

Amount Incurred This Period

760.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

760.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
B & B DuplicatorsNature of Debt (Purpose):  
Non Candidate Party Print-  
ing Serv

Mailing Address 818 18th Street NW LL15

City State ZIP Code  
Washington DC 20006-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.9628

Amount Incurred This Period

1263.71

Payment This Period

0.00

Outstanding Balance at Close of This Period

1263.71

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CNA InsuranceNature of Debt (Purpose):  
General Liability Insuran-  
ce

Mailing Address PO Box 382033

City State ZIP Code  
Pittsburgh PA 15250-8033

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.9629

Amount Incurred This Period

1256.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1256.00

**1) SUBTOTALS** This Period This Page (optional).....

3279.71

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 42 / 46

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
De Lage Landen FinancialNature of Debt (Purpose):  
Copier Lease

Mailing Address PO Box 41601

City State ZIP Code  
Philadelphia PA 19101-1601

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.9631

Amount Incurred This Period

498.88

Payment This Period

0.00

Outstanding Balance at Close of This Period

498.88

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DirectMail.comNature of Debt (Purpose):  
Non Candidate Party Mail-  
ing ServiceMailing Address 5511 Ketch Road  
Attn: Beverly KalbaughCity State ZIP Code  
Prince Frederick MD 20678-0000

Outstanding Balance Beginning This Period

10969.55

Transaction ID: SD10.22412

Amount Incurred This Period

0.00

Payment This Period

10969.55

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Paula EdwardsNature of Debt (Purpose):  
FEC Filing and Amendments

Mailing Address 1200 G Street, N.W. Suite 800

City State ZIP Code  
Washington DC 20005-0000

Outstanding Balance Beginning This Period

650.50

Transaction ID: SD10.22411

Amount Incurred This Period

0.00

Payment This Period

650.50

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

498.88

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 43 / 46

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
O'Neill Marketing CompanyNature of Debt (Purpose):  
Prospect Mail List Non Ca-  
ndidateMailing Address 10805 Main Street  
#400City State ZIP Code  
Fairfax VA 22030

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.9633

Amount Incurred This Period

1610.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1610.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
US LEC Corp.Nature of Debt (Purpose):  
Phone and Data Services

Mailing Address PO Box 601310

City State ZIP Code  
Charlotte NC 28260-1310

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.9635

Amount Incurred This Period

1127.41

Payment This Period

0.00

Outstanding Balance at Close of This Period

1127.41

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Worldwide Express - DHLNature of Debt (Purpose):  
Shipping Services

Mailing Address 1911 North Ft. Myer Dr. Ste 108

City State ZIP Code  
Arlington VA 22209-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.9637

Amount Incurred This Period

55.63

Payment This Period

0.00

Outstanding Balance at Close of This Period

55.63

**1) SUBTOTALS** This Period This Page (optional).....

2793.04

**2) TOTALS** This Period (last page this line number only).....

6571.63

**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

6571.63

Form/Schedule: **F3XA**

Transaction ID:

The Committee wishes to disclose the following: 1) No expenditures designated on Schedule B supporting Line 21b were made on behalf of any specifically identified federal candidate. 2) The Libertarian National Committee (LNC) requests address, employer, and occupation information from all contributors whose yearly aggregate contributions exceed \$200.00 and informs them of the requirement of complying with 11 CFR 104.7(b)(1). In the event that the information is not supplied as a result of the initial request, Committee makes a subsequent attempt to collect the information by mail, email, or telephone contact within 30 days of the initial contribution. This 'follow up' request a) clearly asks for the missing information without requesting a contribution, b) informs the contributor of the requirements for reporting such information under federal law, and c) is enclosed with a pre-addressed envelope when sent by postal mail. If the information is submitted after the initial monthly report is filed, the contributor master file is updated and the information is updated in memo entries filed with the next regularly scheduled report. The Committee also makes periodic requests during the year for all contributors to update their contact information and for contributors whose yearly contributions aggregate to more than \$200 to update their Employer/Occupation information.

Form/Schedule: **SA11AI**

Transaction ID: **SA11AI.9638**

Additional information received as a result of Treasurer's Best Efforts. See Year End 2007 report FEC-318130 Schedule A, Line 11(a)(i) Transaction ID# SA11A1.256310

**Image# 28933374508**

Form/Schedule: **SB21B**

See FEC Form 99 dated May 20, 2008.

Transaction ID: **SB21B.22413**

Form/Schedule: **SB21B**

See FEC Form 99 dated May 20, 2008.

Transaction ID: **SB21B.22416**

\*\*\*\*\*

Form/Schedule: **SD10**

Transaction ID: **SD10.22412**

In January, 2008 the Committee received this invoice dated in January, 2008. The Committee recorded and paid this invoice in January, 2008 and disclosed the payments in the February 20, 2008 report. In 2008, in compliance with ADR 251, the Committee engaged an independent accounting firm to perform a financial audit of the Committee's 2007 financial statements. In the course of this audit, it was determined that some of the amounts billed in the January, 2008 invoices were attributable to services rendered in December, 2007. In the interest of full disclosure, the Committee is voluntarily amending the the Year End 2007 and the February 2008 reports. See FEC Miscellaneous Electronic Submission (Form 99) dated October 3, 2008.

Form/Schedule: **SD10**

Transaction ID: **SD10.22411**

In January, 2008 the Committee received this invoice dated in January, 2008. The Committee recorded and paid this invoice in January, 2008 and disclosed the payments in the February 20, 2008 report. In 2008, in compliance with ADR 251, the Committee engaged an independent accounting firm to perform a financial audit of the Committee's 2007 financial statements. In the course of this audit, it was determined that some of the amounts billed in the January, 2008 invoices were attributable to services rendered in December, 2007. In the interest of full disclosure, the Committee is voluntarily amending the the Year End 2007 and the February 2008 reports. See FEC Miscellaneous Electronic Submission (Form 99) dated October 3, 2008.